

Prestwick Care Limited

# Hadrian House

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Hadrian House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection 44 people living with physical and mental health related conditions were using the service.

This unannounced comprehensive inspection took place on 13 and 14 February 2018. This meant that the staff at Hadrian House did not know we would be visiting the home. At the last inspection in November 2017, we identified breaches of regulations which related to safety, person-centred care, complaints, staffing, fit and proper persons employed and governance of the service. We asked the provider to take action to make improvements. We found significant improvements had been made at the service to ensure compliance with all of the statutory requirements.

The registered manager who was in post had been present at our last inspection. They were on annual leave when we arrived to inspect the service but returned to work the following day. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Initially we spoke to the deputy manager about the service as they were in charge of the home when we arrived. They told us that they felt the service was running well and a lot of improvements had been made.

We carried out observations throughout the whole home and found that considerable improvements had been made to the safety, cleanliness and governance of the service. All of the immediate concerns we highlighted at our last inspection had been addressed and consequential actions had been promptly taken and were monitored by senior staff members or the senior management team.

Prior to our inspection, we reviewed an action plan which has been shared with us, the local authority and the Clinical Commissioning Group (CCG). We saw all of the actions had been completed or on-going progress was being made. At this inspection, we found the necessary evidence required to demonstrate all of the progress which had been made.

People told us they felt safe living at Hadrian House and with the staff who supported them. Relatives confirmed this. Staff demonstrated that they were aware of their responsibilities with regards to protecting people from abuse through discussions with us and the completion of suitable training. Policies and procedures had been reviewed by the provider to ensure they were current and reflected best practice in order to effectively support staff in their roles.

Care plans included risks which people faced in their everyday lives. Thorough assessments of these risks

and how to reduce them were now properly recorded in the care records which enabled staff to care for people safely.

The registered manager undertook periodic assessments of people's needs to determine staffing levels. This meant that as people's needs increased, staffing levels were evaluated and increased if necessary in order to adapt and respond to people's changing needs. There were enough staff on duty at the service, and the registered manager now ensured they were deployed appropriately throughout the service, particularly at mealtimes when the demand for more one to one support increased. There continued to be a shortage of permanent nursing staff, however the registered manager had ensured the continuity of agency nurses and the provider had rolled out a strategic recruitment plan to attract permanent staff into these roles.

Staff recruitment continued to be safely managed and checks were in place to ensure staff were of good character and suitable to work with vulnerable people. Supervision meetings had been held with all staff and a plan was in place to structure annual appraisals over the forthcoming year. Competency checks had been carried out and more were scheduled to take place to ensure staff were supported in their role and competent with the tasks they were responsible for.

Medicines were managed well. People received the right medicines at the right times and the records kept to monitor medicine administration were accurately completed.

The cleanliness of the service had improved. People and their relatives told us how impressed they were with the premises. We saw people's bedrooms and communal areas were cleaned to a high standard and continuous cleaning by domestic staff took place throughout the day and night.

Since our last inspection, staff had completed mandatory training. A robust training plan was in place to enhance staff skills with awareness courses arranged in topics which would be beneficial to the staff in their various roles.

A new head chef was in post and they were aware of people's dietary requirements. They told us all of the kitchen staff had been given updated information about people's nutrition and hydration needs. Special diets were catered for and all meals were well presented, including pureed food. People had a choice of hot meals and alternatives were always made available.

People enjoyed a pleasant mealtime experience. We saw staff were organised and relaxed throughout the service of meals and there was enough of them to support people who required one to one assistance in a timely manner. We observed staff created a sociable and homely environment for people to enjoy their meals.

At our last inspection we were told plans were in place to replace the flooring throughout the home. There was some discrepancy at the time as to whether a final decision had been made about this. We raised concerns that people who lived at the service had not been consulted about the options available. At this inspection, the chief executive officer told us that they had temporarily halted the plans in order to seek the views of people and relatives, not only about the flooring but about a full refurbishment. We saw the new plans were on display in the foyer with a variety of options for people to consider.

The new plans considered the needs of people living with a dementia related condition and we were told that emphasis would be placed on making the environment more dementia friendly but it would remain in keeping with the high quality and stylish decoration which the provider strived to achieve.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Applications had been made on behalf of most people to restrict their freedom for safety reasons in line with the MCA. All staff continued to demonstrate an understanding of the MCA and worked within its principals.

The two activities coordinators continued to develop positive relationship with people and we saw them engaging with people in a variety of activities. There was a varied programme of activities planned to ensure people were involved in meaningful activities. New social care plans demonstrated that people had benefitted from one to one time with the activities coordinators which reflected their individual interests. New activities such as bread making had been introduced which not only stimulated memories for people but also stimulated people's senses and had encouraged them to eat more food.

We found care staff were more relaxed and less hurried in their duties which enabled them to sit and chat to people and join in with activities. All staff treated people with dignity and respect. They displayed caring and compassionate values and behaviours and people told us staff were nice to them. Relatives also spoke highly of the staff. Staff were able to tell us about people's needs, routines, preferences, likes and dislikes which showed that they knew people well.

An established system for monitoring complaints was in place. Since the last inspection, the registered manager had ensured this was correctly followed. This meant they were able to identify, receive, address, record and respond to complaints appropriately. The registered manger had gone back through the previous records and retrospectively recorded the complaints which had been received. This meant they were now able to look for trends and identify areas of the service which may need further improvement and development.

The registered manager has been intensely supported by the provider's senior management team during the past three months to ensure that compliance with the regulations was achieved. The registered manager had not been required to work regular shifts as the 'nurse on duty' which meant they had been able to utilise their time in a more constructive manner and concentrate on the governance of the service and implementing the improvements and developments as necessary.

New checks on the service had been put into operation and robust auditing showed that the service was routinely monitored and checked to ensure its safety and quality. We considered this needed to be evidenced over a longer period of time to ensure sustainability.

Record keeping had been improved in all aspects of the service. All of the care plans which had been re-written at the time of our last inspection had been reviewed and attention had been given to people's social, cultural, religious and spiritual needs. These records now provided an overall picture of people's health and social care needs to staff. Management records related to activities provision, complaints, accidents and incidents were all completed to a good standard with thorough, up to date details documented.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Previously identified risks and concerns had been addressed.

Risks people faced were fully assessed and control measures were in place.

Staff had a solid understanding of how to safeguard people from harm.

The home was clean and tidy and medicines were well managed.

### Is the service effective?

Good ●

The service was effective.

People saw positive outcomes to their care needs.

Staff were well trained and had their skills and competencies regularly assessed. They were supported in their role by the management team.

People enjoyed a positive experience at mealtimes and their dietary requirements were met.

People had good access to external health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

Staff displayed kind and caring values. They respected people and upheld their privacy and dignity.

Permanent staff knew people well and they had built up positive relationships with people and their relatives.

People were involved in planning their care.

Staff found ways to communicate with people who experienced

difficulties.

### **Is the service responsive?**

The service was responsive.

People received care which was tailored to meet their needs, wishes and preferences.

A wide range of meaningful events took place and people enjoyed personal and group based activities.

An effective system was in place to manage and respond to complaints in a timely manner.

**Good** ●

### **Is the service well-led?**

The service was not entirely well-led.

Although there was a registered manager in post during our inspection, they left the post shortly afterwards. There is currently no registered manager in place at the service.

Vast improvements and significant developments had taken place. However, we need to be certain these changes can be sustained and the actions which were in progress are completed.

Checks on the quality and safety of the service were carried out. The provider had oversight of this.

Record keeping was accurate and up to date.

**Requires Improvement** ●

# Hadrian House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 13 and 14 February 2018 and was unannounced. The inspection was conducted by one adult social care inspector, a specialist advisor and an expert by experience. A specialist advisor is a person employed by the Care Quality Commission to support inspectors during an inspection; they have specialist knowledge in a certain area. The specialist advisor on this team was a qualified nurse. An expert-by-experience is a person who has personal experience of caring for someone who uses health and social care services.

Prior to the inspection we reviewed all of the information we held about Hadrian House, including any statutory notifications that the provider had sent us and any safeguarding and whistle blowing information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Since our last inspection of this service we have closely monitored Hadrian House alongside the local authority contracts monitoring and safeguarding adults teams and the local NHS Clinical Commissioning Group (CCG). We gathered their feedback about the service.

During the inspection we spoke with four people who used the service and seven relatives to gain their opinion. We spoke with 17 members of staff, including the registered manager, the deputy manager (nurse), two agency nurses, a team leader, seven care workers, two activities coordinators, the head chef, the handyman and the administrator. We also spoke with the head of compliance, the operations director and the chief executive officer (CEO) who was also the nominated individual for the provider organisation as they were present during some of the inspection.

We reviewed a range of care records and records kept regarding the quality and safety of the service. This

included looking at four people's care records, three medicine administration records and five staff files.

# Is the service safe?

## Our findings

At our last three inspections of this service we have identified a breach of Regulation 12 entitled, Safe care and treatment. At the last inspection we imposed a condition on the provider's registration to restrict any new admissions into the home until our concerns about the safety of the service were alleviated. After that inspection the provider told us what action they would take to ensure compliance was achieved.

Following an intense period of monitoring by a multidisciplinary team of external professionals from the local authority, Clinical Commissioning Group (CCG) and the Care Quality Commission (CQC), we found the provider and registered manager had successfully implemented significant improvements at the service which had ensured the service was safe.

We asked people if they felt safe living at Hadrian House and with the staff who supported them. Their comments included, "Yes [I'm] safe"; "Yes, I feel safe, they are all kind"; "I am pretty well looked after here"; "I feel safe, but there are a lot of different staff here" and, "I know no strangers can pop in here, they can't get in." Relatives told us, "No, I don't (have safety concerns). They look after him very well"; "We don't have any concerns, it is good here"; "[Person] was given a sandwich from one of the night staff and he shouldn't eat food with lumps in. Another time he was given soup with lumps in. I told the manager and they addressed it instantly" and, "Once I reported that [another resident] pushed [person]. I was happy with how it was handled. It hasn't happened again."

Door entry codes were required to enter the premises and a signing in book was utilised in the foyer. The accommodation was set over three floors with stairs and a lift in operation. All of these access points required different codes to gain entry. No-one we spoke with raised issues regarding the security of the home.

Staff were aware of the provider's safeguarding procedures and were familiar with the safeguarding and whistle blowing policies. They told us they were confident to speak with the registered manager or head of compliance if they had any concerns about the people they cared for. Staff had completed training in safeguarding vulnerable adults and showed an understanding of their responsibilities. A nurse told us, "I would speak to the manager regarding the safeguarding issue or if they were not on duty, I would raise the alert myself and follow up by informing the manager by telephone." Safeguarding incidents also continued to be thoroughly recorded and monitored.

During an initial tour of the home we found all of the potential risks which we had previously highlighted had been reduced. Effective action had been taken to ensure that environmental factors which could have caused people who lacked capacity serious harm were minimised or removed. For example, kettles which were available in the communal kitchenette areas of the home were now stored out of sight in a cupboard after use. This meant people (who may have lacked capacity) were no longer at risk from burns or scalding if they accidentally touched or picked up a hot kettle.

We saw all of the communal bathrooms were now locked when they were not in use. This meant that people

who may have lacked mental capacity were no longer at the risk of falls if they entered these rooms without the support of staff due to the equipment which was kept in there such as hoist and shower chairs.

The designated external bin areas were now locked. The head of compliance showed us the new coded locks which had been purchased and fitted by the provider to ensure these areas were safe and only accessible to staff.

The on-site maintenance person continued to ensure that regular checks on the safety of the building and equipment were carried out. All of the utility tests and servicing of equipment were up to date and fire procedures were firmly in place and followed by all staff.

Risks which people may face in their daily lives had been reviewed and were now fully addressed. We found care records included detailed information in people's care plans about the risks they faced. This meant the service had recognised individual risks and taken action to meet people's needs in a safe manner. For example, risks assessments were in place for people at risk of falls, choking and malnutrition.

With regards to the service being kept clean, people told us, "Yes it is nice here"; "Yes, it is all good in here" and, "Oh yes, they keep it very clean. Every day they do it, sweep all around and under the bed." The registered manager or a representative from the provider organisation conducted 'walk-around' checks at the home. We found the implementation of these checks had been effective as the home was exceptionally clean and tidy and there were no potential hazards identified at this inspection. There was a marked improvement in the cleanliness of the home and there were no malodours throughout the majority of the home. There was a slight malodour on the top floor of the home. This was being properly managed by care and domestic staff. Cleaning schedules for all three floors were completed on a daily, weekly or monthly cycle which included bedrooms, bathrooms and communal areas. Risk assessments for cleaning products and data safety sheets were in place to identify hazardous items and inform staff of the control measures.

The provider had implemented a more robust process in relation to the recording of accidents and incidents. We reviewed six accident report book logs which occurred in February 2018. A new checklist had been introduced and was attached to each report which included further actions for staff to check or complete. For example, one person's report included a description of the incident. It read, "[Person] found on crash mat next to bed, checked over by nurse, was alert and reactive, informed of no pain, moving limbs independently, no shortening or rotation of legs/feet. No marks or bruising observed." The action taken included this person being assisted up from the crash mat with the support of three staff using a sling and a hoist. The person's individual risk assessments and care plans had been evaluated and a body map was completed. A relative had also been informed.

The records also prompted staff to complete further checks or take more action. In the example above this was not necessary but they included, observing vital signs, head injury observations, documenting the type and size of wound, completing a wound care plan, referral to a GP or medical professional, 24 hour neurological observations (if a head injury was sustained) and consideration of any other referrals to external professionals i.e. GP, tissue viability nurse, social worker, the falls team and documenting any conversations with professionals. This demonstrated that people would receive safe care and treatment in the event of an accident.

The accident and incident records also included a manager's checklist in order to demonstrate they had oversight of each occurrence. The registered manager had signed off all of the documentation as completed and ensured a notification to the CQC had been sent if required. Where appropriate investigations had been carried out, investigation notes were documented and an analysis of the event that had taken place to track

any trends and implement any preventative measures.

Periodic assessments of people's needs were completed by the registered manager to determine staffing levels. This demonstrated that as people's needs changed, the staffing levels were evaluated and increased if necessary in order to respond to the demands on the service. People told us the staff responded quickly to their requests and relatives confirmed this. We considered that there was enough staff on duty as we observed them going about their duties in an unhurried manner. Everyone we spoke with felt satisfied overall with how quickly staff responded to them or their relatives.

The provider had a safe recruitment policy in place and the management team had followed the procedures correctly. The registered manager continued to carry out thorough recruitment checks, including an application process, references and enhanced background checks to make sure staff were suitable to work with vulnerable people. The registered manager was now also ensuring that staff employed through an agency were subjected to the same checks as permanent staff and had assured themselves of this by conducting checks on agency nursing staff registrations with the NMC (Nursing and Midwifery Council).

The registered manager told us that they tried where possible to use the same agency staff to cover vacant shifts to provide consistency. The chief executive officer told us they had implemented a robust recruitment plan to fill the roles permanently. We saw that the same names of agency staff appeared frequently on the staff rotas. However, we heard mixed opinions about the use of agency or bank staff. Two people told us, "There are a lot of bank staff who cover, they don't know how the place runs and don't know what she (their relative) likes or dislikes" and, "Yes [person] is safe but there are a lot of agency staff here and there are very few who come regularly. I feel for the regular staff." A member of staff told us, "Only the regular staff know the routines. The agency keep sending new people, rather than sending the same staff back. We have to keep showing the new staff what to do."

Medicines had been consistently managed well since our last inspection. Significant improvements had been made with medicine administration records (MARs). Thorough medicine audits had been completed which described outcomes to the issues identified. During observations in the treatment rooms and observations of the nurses carrying out their medicine rounds, we saw they demonstrated a full awareness of their responsibilities and followed best practice guidance in relation to the ordering, receipt, storage, administration, disposal and recording of medicines.

In relation to medicine support, people told us, "Yes it is okay"; "I get my medication four times a day. They give them to me and they watch me take them. They can trust me to take them"; "I get my medication when I need it" and, "They come out with them (medicines) at breakfast time and give them to me. It is okay."

## Is the service effective?

### Our findings

People saw positive outcomes to their care needs. We heard examples of how staff had found ways to ensure people received an effective service. For example, it was identified by the registered manager that one person who originally resided on the middle floor of the home (mostly people with complex mental health needs), had nursing needs which outweighed their mental health needs. The noise on the unit was causing them some distress and there had been previous promises of a room on the general nursing unit (top floor). Until lately this had not been possible. However, when the opportunity recently arose, in consultation with the family and the staff who knew the person well, the registered manager arranged for the person to be transferred to the top floor. Since the move, although the person was very frail and receiving palliative care, their hydration and nutritional outcomes had improved. The registered manager told us this was attributed to the patience from the staff who were well supported by the family. They added, "The family themselves described an improvement in the quality time they can spend with their relative."

Another person who moved into Hadrian House in 2015, on admission had extensive pressure damage to the point that their leg was due for amputation. The amputation did not go ahead due to frailty and the belief that the person was at the end of their life. The registered manager told us, "Since that time [person] has seen significant healing of the wounds due to the consistency and quality of the nursing care they have received." The wounds were in the final stages of healing and care plans had been adjusted to reflect this appropriately. The registered manager added, "Good nutrition and hydration played a very large part in the healing process, and although this person continues to receive palliative care their health has been well maintained with great effort from nursing and care staff." The person's skin remained at risk due to frailty but staff were vigilant of this and there had not been any further episodes of skin breakdown in other 'at risk' areas.

People received good care from staff who were suitably trained and skilled. People told us, "Yes, they look after me pretty well here. They are not lacking" and, "If they are not sure they will tell you and go and ask someone else." All new staff had undertaken the 'Care Certificate' where necessary and attended a company induction. The provider's training manager continued to monitor the completion of the induction process and conduct competency checks on new staff. The registered manager had oversight of this. Staff training was up to date and since our last inspection, a comprehensive training plan had been implemented to ensure all staff completed refresher training as necessary and had the opportunity to attend other training courses which would be beneficial to them in their role, such as dementia awareness, challenging behaviour and MCA/DoLS. An external palliative care team had been asked to provide some staff training including syringe driver training for nurses. Formal competency checks of experienced staff (including agency staff) had commenced and we saw more checks were scheduled in the forthcoming weeks. This meant the registered manager had assured themselves that staff were competent in their role and staff were formally supported to develop their skills and knowledge.

The registered manager had carried out a formal one to one supervision session with every permanent staff member or ensured supervision sessions had been carried out by an appropriate line manager. We saw that those not conducted by the registered manager were signed off by them for oversight. Annual appraisals

had not yet been formally conducted but the registered manager told us they had made sure all staff had been given an opportunity during their formal supervision sessions to identify any needs. The registered manager planned to schedule annual appraisals in line with staff birthday months to ensure they were equally spread throughout the forthcoming year. They added, "To be honest, I have focused my attention on the urgent matters following the last inspection to ensure safety and quality. I have given thought to the appraisals and planned what we should do; we just haven't got around to them yet." This meant that staff had been formally supported in their role to ensure they remained competent and that they had been given an opportunity to speak confidentially with a manager about any issues they might have, request additional support or development opportunities.

People enjoyed their mealtime experience. They told us, "I enjoy my food it is good"; "They mention two things, I choose what I want, that is good. It's alright (food), they give me too much. I don't have a big appetite. They do try and bring me different things to eat" and, "I come out and have my breakfast, dinner, tea and supper. It is good here. I get plenty choice of stuff. The food alternates every day. It is a comfortable dining room. It is good and I get enough." Relatives confirmed this, they added, "From what I have seen, it (food) is fine. They provide a variety of food. I stay and encourage him to eat and the staff encourage him as well"; "She gets fed well here. I feed her or the staff will give it to her if I am not here" and, "It's good, he gets his breakfast at lunch time and a meal at night as he doesn't like to get up early."

We found that there were plenty of staff available to support people in a timely manner. Staff were focussed on people's needs and provided person-centred care. The dining rooms had been improved and were attractively laid out to make them homely and stimulating for people. There was plenty of food available which looked appealing, this included pureed food items. Staff monitored people's food and fluid intake and this was communicated to nursing staff via charts which enabled them to review people's care needs as necessary.

The new head chef had a history of providing care and support to older people. They told us they had a keen interest in dementia care and had already applied their skills and knowledge to their role. They told us they kept a 'dietary needs and preferences' file in the kitchen. This had been updated with people's special dietary requirements, their preferences, likes and dislikes. Information about allergies and foods to avoid were highlighted in bold for the kitchen staff's attention. The head chef had implemented several new practices, this included, ordering coloured crockery, adding seasonal options to the four week menu plans and plating up some people's meals in advance wherever possible to give the care staff more time. We were also told that mealtimes had been split into two sittings and people who preferred their meal in their bedroom were served first, thus giving the care staff more time to escort others to the communal dining areas and assist them with their meals. The head chef told us this had improved the dining experience and staff confirmed this.

People continued to access external health and social care services to support their on-going welfare. People regularly had appointments with their GP, dentist, optician and social worker. The daily records showed that staff were responsive to meeting people's needs, for example by involving other healthcare professionals, such as speech and language therapists, community psychiatric nurses and district nurses to manage people's health and well-being. One person told us, "I have an appointment. I can't go on my own, the staff are going to take me this afternoon." Another person said, "They do blood pressure tests regularly. The nurses come in four times a day and check if you are feeling unwell." Relatives told us, "They call out the doctor whenever they need to"; "He (person) was agitated a few weeks ago and had a urine test, bloods and given paracetamol which has helped" and, "[Person] has recently been referred to the SALT (Speech and Language Therapy) team."

The care home was attractively decorated and had all of the expected adaptations such as walk-in shower rooms and specialist bathing equipment. The home benefits from elements of a dementia friendly environment such as appropriate lighting and pictorial signage to ensure people can orientate themselves around the home. Since our last inspection, the registered manager had ensured each person's name was on their bedroom door to enable them to become familiar with finding their own room, therefore promoting independence.

The chief executive officer (CEO) told us that they had temporarily halted the plans to replace the flooring in order to give people and their relatives an opportunity to be involved with the decision making process. We saw a display was in place in the foyer with examples of the proposed decoration, curtains, voiles and flooring. People and their relatives had been encouraged to share their views on the refurbishment of the home. The CEO told us the interior designer had adapted some of the décor to align with best practice in dementia care in order to provide a calming and relaxing environment which would reduce agitation and restlessness for people with complex mental health related conditions.

We saw the activities coordinators frequently escorted people to the communal activity room which was well equipped with ornaments and memorabilia to stimulate conversation and memories.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All staff demonstrated an understanding of the principals of the MCA. Records showed staff applied the principals of the MCA to their assessments and best interest decision-making.

All of the people and relatives we spoke with told us that staff asked for their consent before providing their assistance. Two people told us, "Yes they ask, they help me, they are pretty good here" and, "Yes they do ask and do what I say."

## Is the service caring?

### Our findings

Staff displayed kind and caring values. People told us, "'Oh yes they (staff) are (kind and caring), [Care worker] came in this morning with a cup of tea. They all joke with me"; "Yes they are nice"; "Yes they are kind to me" and, "Yes, there are no problems there (in relation to staff being kind and caring)." Relatives confirmed this. Their comments included, "They are alright here"; "The top floor is excellent. [Care workers A, B and C] are brilliant" and, "The staff chat to him and have fun. "We observed staff interacting with people in a friendly and gentle manner. The staff appeared to have plenty time in between their task related duties to sit with people and engage in meaningful conversation and activities.

We saw staff protected and promoted people's privacy and dignity and they spoke to people respectfully. All of the people we spoke with felt the staff respected them. Relatives told us, "Yes, when they are washing him and changing him, they shut the door" and, "Yes, they knock on the door when he is in the toilet."

We saw staff upheld people's confidentiality by speaking with them discreetly about personal issues and escorting them back to their bedrooms if they required assistance with their personal care. Sensitive and confidential information was securely stored in areas of the home which were locked and only accessible to staff.

The registered manager continued to promote caring initiatives within the home. The staff had a dedicated time of the week where they stopped 'work' and sat with people to chat informally over a hot drink and a snack. This demonstrated that the service promoted inclusion and socialisation and that it encouraged the staff to build positive relationships with people.

The registered manager had continued to invest time and training with the staff who were designated 'champion' roles. A champion's role was to promote best practice and share new initiatives with staff to increase knowledge and awareness around a specific topic such as dignity, dementia care or infection control. Information about these initiatives were also displayed around the home.

The service had received a lot of compliments; we saw them on display around the home. There were many comments in 'Thank you' cards to show relatives were appreciative of the care and support their family members had received.

We found that people and their relatives had been involved in the planning of their care and support. In particular, the new social care plans which had been fully implemented since our last inspection contained information from people and their relatives about life histories, past occupations, family, hobbies and interests. This meant that staff would be able to read the plans to find out about what is important to people and deliver their care and support around this. For example, one person's social care plan included information about their preferences in relation to level of social support they required, such as group activities or one to one support. This enabled the activities coordinators to tailor social support to meet the person's needs and preferences to ensure they achieved the best possible outcome. It also meant staff (particularly agency staff) had up to date and informative information about people to enable them to

engage in a meaningful way and provide a holistic approach to all of their care needs.

The staff's approach to communication with people was good. We saw multiple examples of how people's individual communication needs were met. For example, one person who had communication needs used a communication book which their family had developed as an aid to staff to allow for better communication. Another person with communication needs had information recorded in their care plan which stated, "Staff to use simple sentences and gestures." Staff communicated with a third person who did not speak or understand the English language by using gestures and certain hand movements. Staff were aware that this person's family visited daily and liaised with them to communicate any important information.

Up to date, relevant information, advice and guidance were displayed around the home which would benefit people who used health and social care services. Information about what to expect from the service, such as their 'service user guide' and 'statement of purpose' were also on display in an area accessible to people and their relatives. Other material such as the provider's complaints procedure, the home's latest food hygiene rating and the CQC registration and rating information was also prominently on display.

Staff were aware of how to access an independent advocate if they felt a person needed this additional provision. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. Most people had relatives who acted on their behalf as advocates. The legal arrangements around relatives with lasting power of attorney were recorded in people's care records to ensure staff knew who had the legal right to make decisions on people's behalf. A lasting power of attorney (LPA) is a legally appointed person, such as a relative or friend suggested by the individual to help them make decisions or make decisions on their behalf. There are two types of LPA; one for health and welfare and one for property and financial affairs.

## Is the service responsive?

### Our findings

At our last inspection, we identified a breach of Regulation 16 which related to receiving and acting upon complaints. We found that complaints made about the service were not being managed in line with the provider's complaints policy.

At this inspection, the people we spoke with did not raise any new complaints or major concerns with us. Relatives told us, "There have been two official things. [Registered manager] has addressed these things" and, "The staff were not getting [person's] pyjamas on at night. I raised this and it was sorted out and I also raised a concern about lost property and had to raise it again. It is now sorted out."

We looked at the current complaints documentation. There was now a register in place with seven complaints logged since we last visited the service. They included verbal and written complaints. The details were comprehensive, listing the names of complainants, dates, which person the complaint involved, the nature of complaint, the date the complaint was acknowledged, the name of the investigating officer, the date the investigation was completed, the outcome and any appeal information. The register also had a section for the registered manager to record if the local authority were involved, if changes were made to company policies and if any lessons were learned.

A complaint form was in use and these were fully completed along with investigation notes and outcomes for each matter. We saw copies of emails sent to complainants which included an apology where necessary and an explanation of what action had been taken to rectify the matter. Letters to acknowledge the receipt of a complaint and the outcomes letters had been sent out in line with the company policy. This meant all of these issues had been dealt with appropriately and in a timely manner.

The registered manager had retrospectively completed the complaints information from our previous inspection which meant they now had robust information in which to identify any trends and highlight areas of the service which may need further improvement or development. This demonstrated that there was an effective system operated correctly in order to identify, receive, address, record and respond to complaints properly.

Also at our last inspection, we identified a breach of Regulation 9 in relation to person-centred care. We previously found that care records did not always contain specific person-centred information, particularly in relation to social, cultural, religious and spiritual needs.

At this inspection, we examined four people's care records in depth and reviewed a further seven people's 'social' care plans. We found all of the records had been reviewed by the head of compliance and the registered manager. Staff had been given appropriate time to update the care records and include all of the missing information. All four records contained thorough care plans, describing people's physical and social needs and what action staff should take to effectively meet these needs in the most responsive manner. For example, one person who displayed verbal behaviours which can challenge staff had a care plan in place for this. It identified that the trigger can be the volume of the television in an adjacent bedroom. Staff were

instructed to give this person verbal support and turn the television volume down as necessary. The care plan also identified that this person did not like 'different faces' and therefore staff should introduce themselves to the person at the start of their shift.

The 'social' care plan section of people's care records now contained relevant information about their social, cultural, religious and spiritual needs. We found this information to be personal and informative thus allowing staff to get to know and fully understand people's needs properly. One person told us, "They talk to me, I tell them my stories." An activities coordinator told us, "We sat down with the nurses and were involved (with the care plans)."

The records maintained by the activities coordinators had significantly improved. Previously, we were told activities had taken place but there was little recorded evidence to show that bespoke meaningful interactions had occurred which met with people's individual interests. The improved records showed that people regularly received one to one support from an activities coordinator and people participated in stimulating activities which were of interest to them. For example, new bread making machines had been purchased and people who were keen to get involved took turns to bake fresh bread each morning. People had benefited from this in a number of ways. An activity coordinator told us, "Not only are people involved in doing something they love to do, but the smell stimulates their senses and people are talking about their memories and feeling hungry which in turn means they eat more food!" Other people's records showed they had spent individual time with an activities coordinator who read to them from a book, watched a film or spent time chatting about family and memories. Everything which people had been offered was now recorded and if they refused to engage, alternatives had been offered and refusals were recorded in order for staff to monitor people's mood and welfare. The chief executive officer told us, the provider was purchasing two minibuses next month for use by their care homes. This would allow them to take more people out into the community to enjoy social activities and events.

People were complimentary about the activities and social interaction they participated in. A variety of communal activities continued and we saw a 'Valentines' evening of entertainment was planned with an external singer booked to perform for people. Some people had also been involved in decorating 'hearts' which were then tied to a large indoor tree and placed on display in the foyer. One person told us, "I like to know what is going on in the world I get a newspaper every day. I like to watch television programmes, quizzes, history and murder mystery. I went to a carol service at Christmas. I have a choice if I want to go (activities). I get the Sacraments every week." A relative said, "He (person) plays snakes and ladders on a big cloth. They have made Valentines and Christmas cards. A singer is coming tomorrow and they make bread once a week."

The improvement in the atmosphere of the home overall was very noticeable. Staff appeared happier and engaged with people in a relaxed manner. We observed staff working as a team to support people throughout the day and they were observant and responsive to people's needs. People and relatives told us they thought the service was responsive to their needs.

The service provided end of life care and care to people with terminal and life limiting illnesses. We saw in care records that staff had asked people and their relatives (where appropriate) to consider their end of life wishes to ensure the service could continue to care for people as they would wish when they may no longer be able to communicate those preferences for themselves. We saw the service had displayed empathy and compassion for people as the top floor of the home was tranquil and considerably quieter than the rest of the home. A nurse told us, "We make sure no-one dies alone, if people do not have family members, staff will sit with people to provide comfort."

The registered manager told us that they strived to ensure people who were nearing the end of their lives received care and support in the most respectful and peaceful way possible. They told us of instances where the service had supported people at the end of their life. For example, one person's relative spoke to the registered manager upon their appointment to the role as they had been dissatisfied with the care of their family member. The registered manager discussed their vision for the future of Hadrian House and the relative decided to continue with the placement. After the death of the person, the relative visited the service with some flowers for the staff and to thank the registered manager for the changes they had driven forward. The registered manager told us, "They (the relative) spoke of a gradual regained confidence in the service and expressed thanks for the "love and support" they had received." The registered manager had further supported the relative to arrange a clergyman to take the cremation service to ensure they had done everything their relative would have wanted.

## Is the service well-led?

### Our findings

At our last inspection of this service we identified a continuing breach of Regulation 17 entitled, good governance. Following that inspection, we placed an urgent condition on the provider's registration that they must not admit any new people to this home until we were assured that the service was safe. We took this course of action because we judged that the provider had not achieved compliance with a previously issued warning notice and our serious concerns about governance and leadership of the service remained.

After the inspection the provider told us what immediate action they would take to ensure compliance was achieved. At this inspection we found the actions the provider and registered manager had taken were significant enough to ensure compliance with all of the regulations. Therefore, we removed the condition and withdrew our proposal to remove the provider's registration.

Whilst we considered the home had made significant improvements, there were still some actions planned to take place and we needed to be certain these are completed. For example, the purchasing of coloured crockery and the premises refurbishment to bring the home more in line with a dementia friendly environment. This is particularly important due to the majority of the people living at Hadrian House having a diagnosis of a dementia related illness. We judged that although effective checks on the service were being carried out we would need to see these being sustained over a longer period of time to ensure compliance with the regulations. We also found that staffing continued to be an issue for people, relatives and staff. Although the chief executive officer has assured us that a robust recruitment process is in place and employment applications are in progress, we need to be certain that the regular use of agency staff is not prolonged and that permanent staff are recruited into the roles in order to sustain continuity for people who use the service.

The registered manager was established in their role and had been registered with the Care Quality Commission (CQC) since 3 November 2017. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Following our inspection, the provider informed us that the registered manager had left their post in March 2018. Recruitment was underway for a replacement.

In line with the requirements of their registration, the registered manager had sent the CQC notifications of events and incidents which happened at the service such as, deaths, DoLS and allegations of abuse which they are legally obliged to inform us of.

Two of the four people we spoke with knew who the manager was. One person said, "Yes, she is wondering around." However, two others told us, "I don't know, I see lots of people in here" and, "There are lots of different people, I don't know them (managers)."

Relatives told us, "[Registered manager] is lovely, they does their best for him"; "Yes I know the manager, they say 'I need people to come to me and tell me what's happening'" and, "They always listen, have an

open door policy and have always acted." However, two relatives said, "There have been three different managers here, while [person] has been here" and, "I don't find her approachable. She is not as approachable as the last manager."

We asked people if they would change anything about the service. All of their responses related to the staffing levels. People said, "Sometimes they (staff) are busy" and, "There are too many different carers and they don't always know what to do." Relatives told us, "One problem is the staffing with [staff] who phone in sick and there are a lot of bank staff, who don't know [person]"; "Get more permanent staff, I am seeing a difference, there are too many bank staff" and, "Staffing, get more permanent regular staff." The registered manager and provider were aware of these issues and had a recruitment plan in place to fill the vacancies with permanent staff.

'Residents and Relatives' meetings had taken place and were scheduled throughout the year going forward. Only two of the relatives we spoke with were aware that these meetings took place. One relative said, "Yes I have been to two or three, there is one this Friday. There is a notice on the board in the lobby. You can talk about your concerns." None of the people or relatives we consulted had provided feedback in the form of questionnaire or survey.

Staff meetings had also continued. The last meeting held in February 2018 was attended by 11 staff. The head of compliance chaired that meeting which covered issues raised at our last inspection such as thickening agents left out, hot trolleys left unattended, boiling water left in kettles. Staff were reminded of the risks to people and safety implications. We saw the head of compliance gave staff the opportunity to raise any issues before she commenced with the agenda. There were a few staff who brought issues up which showed they were confident to raise issues with the head of compliance in the registered manager's absence. From reviewing the meeting minutes, we saw the staff who attended appeared keen to drive the home back up to the high standards it once had.

Daily handover meetings between staff continued to be carried out and information was recorded at each shift change to ensure the communication between staff was effective and staff were accountable for the tasks they were delegated.

The registered manager's 'daily walk-around' check was now in place. We saw 24 checks had taken place since 1st January 2018 at varying times throughout the day. These had been mostly completed by either the registered manager or the head of compliance. The checks ensured there were no issues with residents, health and safety and the environment and if any issues were identified then action was taken. The registered manager told us some issues could be fixed immediately whilst others were referred to the provider for action. We saw the head of compliance had reviewed all of the checks and signed them off as completed.

We spoke to the registered manager about the 'Resident of the Day' initiative which we were told had been implemented. They told us it worked by date and room number, for example room one was reviewed on the 1st of the month, room two on the 2nd etc. The care staff and nursing staff knew to review that person's file that day, care workers weighed people and nurses checked care plan evaluations and updates. The plan was to get through them all once all the care plans were re-written and up to the standard expected by the provider. After this the registered manager planned to introduce kitchen staff and then domestic staff and activity staff into the reviews so that by time the initiative is fully implemented, people and staff are all familiar with it and the records are of a high standard. Although we were told this was in place, there was no overarching record or tracker to show the daily review had taken place.

At this inspection, we found the provider had successfully ensured effective governance and quality assurance systems were fully in place. They had appropriately planned and fully addressed the shortfalls previously identified and implemented improvements throughout the home. The registered manager and head of compliance told us about a range of quality audits which were in place and had been reviewed and completed since the last inspection. These included nutrition, medicines, catering, dining experience and overall manager quality audits.

The three nutritional audits checked were fully completed for November, December and January. They included actions taken, noted the food supplements in use and monitored the progress of people who were physically and mentally frail. The three medicines audits checked were also fully completed. Each month showed an improvement on the previous month in relation to compliance with the checks expected by the provider. For example, 81% in November, 82% in December and 83% in January. Issues highlighted on the audit were collated on an action plan with the action points noted, who was responsible for them, a target date and an outcome. All were signed off by the registered manager.

A catering audit had been completed by the head chef in January 2018. They scored the catering as 86% which was a good outcome. An action plan was completed with a list of actions taken, who was responsible, a timescale and a date completed. This audit was not checked off by the registered manager.

A dining experience audit was completed in January 2018 by a provider representative. The ground floor scored 64.8% and was rated amber, the middle floor scored 86.4% and was rated green and the top floor scored 98.6% and was rated green. The audit was conducted over lunchtime and teatime meals. This audit was checked off by the head of compliance. We looked at the action plan for ground floor (poorest score) and saw the management team had undertaken discussions with care staff about dignity issues and about more interaction required with people. They requested that staff ensured music was playing quietly in the background and that there should be more choices at breakfast time for people who had pureed meals. Another action stated that kitchen staff were to have a file of people's dietary information, needs and preferences. We saw these actions were implemented.

The management quality audits had also been fully completed and documented. A manager's monthly inspection and a prevention and control of infection audit had been carried out by a provider representative in January 2018. Care plan audits had been completed for six people's records in January and a tracker has been put in place to monitor trends and highlight any reoccurring themes. We considered that these audits had been effective to drive through the improvements across the service.

The chief executive officer and the registered manager had continued to work with external organisations such as the local authority, local NHS Clinical Commissioning Group (CCG) and the NHS medicines optimisation team. The local authority and CCG conducted an unannounced visit in January 2018 in which they reported an overall positive inspection.

The staff we spoke with were positive about the improvements within the service. One member of staff told us, "[Head of compliance] has been a big help; they have helped us a lot." A nurse told us, "There needs to be leadership and continuity of staff. I absolutely think there is (improvements) massively in the last four weeks. There is a lovely atmosphere and the staff are willing to learn." A care worker said, "There has been good improvements [the head of compliance] spotted trends, with staff ringing in sick after pay day. They brought them in for back to work interviews." Another care worker told us, "It has improved massively since I arrived. There is a senior on each floor now. Everyone explains what needs to be done and how to do things, which is much better now. There are more regular staff, that has improved as well. We can bounce off each other. Everyone has [peoples] best interests at heart and the job is more enjoyable."

